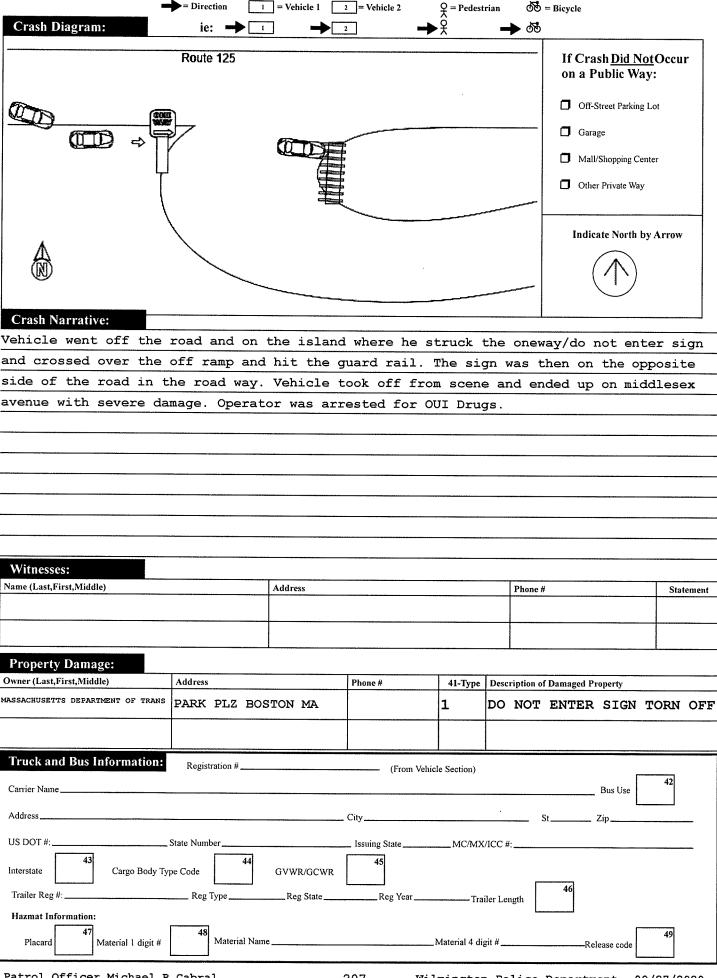
	Police Use Only	Com	monwealth	oi Massach	iusetts		RMV	V Document Numb	ber	
	1 1 1	City/Town ington		icle Crash	Number Vehicles	Number Injured	Speed Limit_ Latitude	35 State Polic Local Polic MBTA Pol	ce 🔯	
	24HR			Report	1	0	Latitude Longitude	Campus Po	Police 🔲	
	AT INTERSECTIO	N:	< LOCA	ATION >		NOT A	INTERS	SECTION:		Ĺ.,
					300	MTDF	LESEX	AVE		2 ¹⁰
¹ 4	Route# Direction 1	Name of Roadway/Si	treet	Route# Direction	Address #	*****		Roadway/Street		
4		At		Feet N S	E W of			or		
		of Intersecting Road				Mile Ma	rker	Exit Nun	nber	1 11
	,	Also at Intersection v	vith	Feet N S		Route#	Interse	cting Roadway/Stre	eet	
² 1	Route# Direction Name of	of Intersecting Roads	way/Street	Feet N S	EW of					
	Please Select One of the Following: Vehicle 11 #	Occupants U:	/Run Moped	Crash Report	. ID# 20	_20		idmark I		
3	or the ronowing.								***************************************	
	10 10	DOB/Age		# <u>9sJ141</u>				Reg State M?	21	7 12
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5	<u> </u>	Responding to Emer		t Sequence 35 23	23 23		pe of Test:	2 29		Ė
	Citation # (If Issued) T2062924	•		Harmful Event 35			AC Test Resul	lt: 2 30		13
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⁶ 1	Viol. 3: Ch/Sec/Sub 90 24 Viol	l. 4: Ch/Sec/Sub		er Distracted by 5	34 35	To 36 37	wed from sce	ene? 1 33		
	Name (Last First Middle)	and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code		Transp. Code Medical F	Facility	
	Operator	S	ee Above	$\times X$	1 99	4 0	0 10	1		
7	Please Select One Vehicle 2 #0	Occupants	a-Motorist A Type	15 16		17	. 18			
′ 3	of the Following:	Non	-Motorist A Type	Action	Location	Condit	ion	Hit/Run	Moped	
_	19 19	_ DOB/Age	_	¥					21	
	Sex Lic. Class Lic. Rest	trictions C	DL Veh '	Year	Veh Make			_ Veh Config		
³ 1	OperatorLast Fin	st	Middle	erLast		First		Middle		
	Address	7'		ess						14
	City State	Zip	·	1. A. ('. D.' C 1			teZi			1
	Insurance Company Vehicle Travel Direction: NSEW	Dannondian to E		cle Action Prior to Crash	23 23		st Status:	28		
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	Please fill out for operator/non-in-	***		JISHACIEU DY	34 35	36 37	38 39	40		
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury	Transp. Code Medical F	neility	
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		l			<u> </u>					



Patrol Officer Michael R Cabral

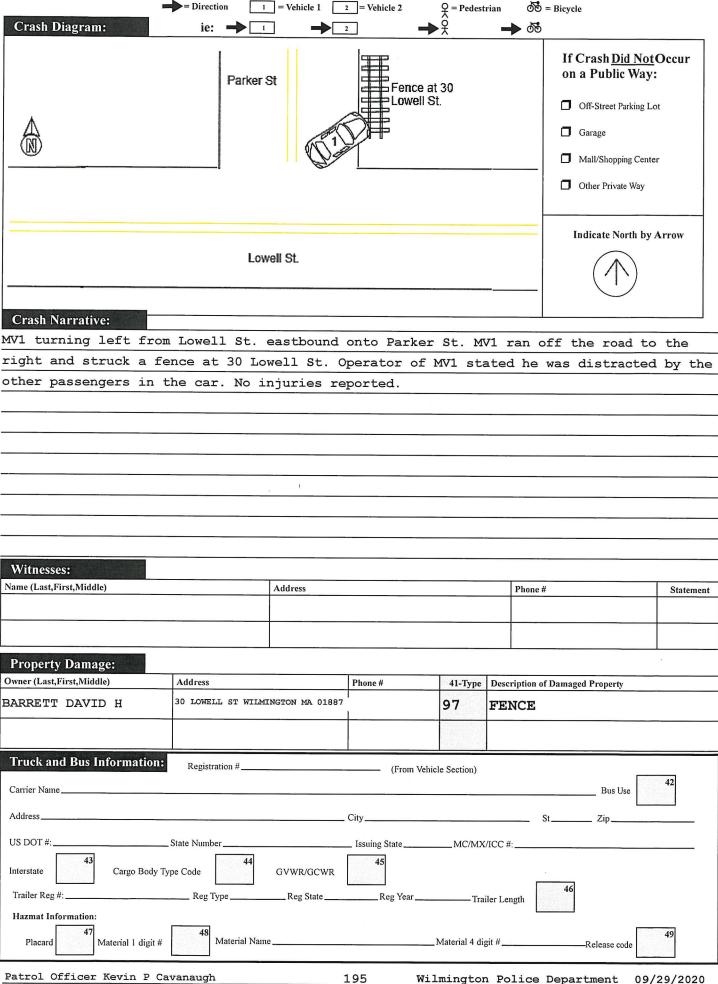
207

Wilmington Police Department

09/27/2020

Department

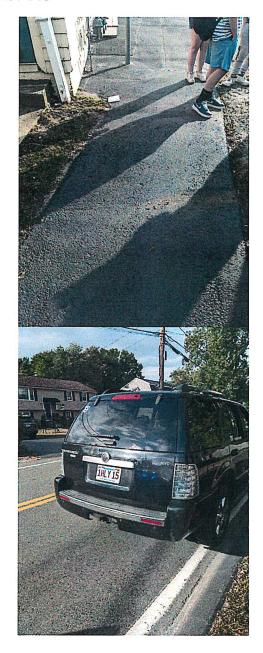
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² 1	Route# Direc	ction	Name	e of Intersectin	ng Roadway/Stre	eet	Feet	NS	EW	of of								.
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⁴ 1	Address 6 K	ERN DR		rırsı	Middle		ress 6 KER	Last N D	R			First			М	iddle		
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	Insurance Compa	any USAA G	ENER	AL IND	EMNITY		cle Action Prior			4	22				Code:		27 27	
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5		ued)		g	g		t Harmful Event			L		T	ype of	Test:		29		
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		Sub					er Distracted by	_	26	_] Si		lcohol: rom sc	2 31	22	Drug: 2 32	30
⁶ 1	Viol. 3; Cn/Sec/S				pants involved	DNV	er Distracted by	<u> </u>	34	35	36	37	38	rom sc	ene?	2 33		
	Name (Last First M		tor operate	1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp.	Мо	dical Facility	
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⁷ 3	Please Select O of the Followin		: 1	#Occupants	Non-Motor	rist A Type	Action	10	Locati	on	17	Condi	tion	18		Hit/Run	Moped	
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	Operator	I		····	Endorsen	nent Own	er											
⁸ 2	Address	Last	F	irst	Middle		ess	Lost			F	irst			Mi	iddle		
	City		State_	Zip		City						Sta	ite	2	Zio			1 14
	Insurance Compa			•		•	ele Action Prior t		1		22				Code:	27	27 27	
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Department

Wilmington Police Department Images Associated with 20-207-AC





	Pol	lice Use Only		Com	monwea	alth (of Massa	ach	use	etts			RM	V Doci	ument Number]
	Date of Crash 09/29/2020	Time of Crash	ı	City/Town			icle Cra	sh		ımber hicles	Numb Injure	Jopeet	l Limit, de	35	MBTA Police	
		24HR					Report		2		0	Longi			Campus Police Other:	_
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		BURI	LINGT	ON AVE												2 10
¹ 4	Route# Dire	ection		Name of Roadway/S	Street		Route# Direc	tion	Addr	ess#		Na	me of	Roadw	vay/Street	
4		Маті	N ST	At			Feet	N S	EW	of -				or _		
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				Also at Intersection	with				E W		Route#	•	Interse	ecting I	Roadway/Street	
² 1	Route# Dire	ction	Name	of Intersecting Road	lway/Street		Feet	NS	EW	of -		*************	T.	1		.
	Please Select		a 12 #	Occupants Hi	*/P	Moped	Count P			20.	-20)8-		ndmarl	K	1
3	of the Follow	ing:	C 144	I	UKUN 🗀											4
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	Sex Lic.	Class D	Lic. Res	strictions 1	CDL Endorsement		/ear 2012							Veh	Config. 1	
⁴ 3	Operator	Last	P	irst	Middle		er HUNT,	Last			First			Mi	iddle	
3	Address						ess 341 WF		PLE	RD					1076 0500	
	City,	TM CEN	State	_ Zip.			TEWKSBU				22	State Ma Damage			27 27 27 27	
	•			INSURANC			le Action Prior to	Crash		23	23	Test Star		Code:	3 27 2 27 1 27	
⁵ 1	Vehicle Travel I		EW	Responding to Eme	ergency? 2		Sequence 1	[-	23	23	23	Type of			29	
	Citation # (If Iss	sued)		,		Most	Harmful Event	1		25	25	BAC Te	st Resu	ılt:	1 30	_ 13
	Viol. 1: Ch/Sec/	/Sub	— Vic	ol. 2: Ch/Sec/Sub —			r Contributing Co		26		25	Susp. Al				1
⁶ 1	Viol. 3: Ch/Sec/		***	ol. 4: Ch/Sec/Sub —		Drive	r Distracted by	99	34	12 1	76	Towed f	rom sco	ene?	2 33]
	Name (Last First A		for operator	r and all occupants is	nvolved Address		iDOB/Age	Sex	Seat Pos.		Airbag E	37 38 ject Trap ode Code	Injury Status	Transp. Code	Medical Facility	
	Operat	or			See Above			X	1	1	4 0	o	10	1		
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	Please Select (One May 1	e 2 1 _#	Occupants 1		_ [15	16			17	<u></u>	18			1
⁷ 3	of the Followi	ng:	e <u>/</u>	No No	n-Motorist A		Action	1	Locatio	n		ndition		<u> </u>	Hit/Run Moped	1
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	Sex.M Lic.	Class	Lic. Res	strictions 1	CDL Endorsement		_{ear} 2006								Config. 1	
⁸ 1	ì ·	NSIDINE Last	Fi	WELL MEE'	L'AN Middle			last	•		First	ME	ETA	N	iddle	
	ł	ALDRIC					ess 153 AI			RD						14
	'			1A Zip 0188		City 1	WILMING'	ron	<u>Г</u> г						1887-2226	1
	Insurance Comp	Dany LIBER!	LA WO	TUAL INS	URANCE	Vehic	le Action Prior to	Crash		4	22	Damage Test Stat		Code:	3 ²⁷ 27 27 27 27 28	
	Vehicle Travel I	Direction: N S	EX	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23	Type of			29	
⁹ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24	25	25	BAC Te	st Resu	ılt:	1 30	
	Viol. 1: Ch/Sec/	Sub ————	Vio	ol. 2: Ch/Sec/Sub -			r Contributing Co		<u> </u>	25	25	Susp. Al	Ľ		Susp. Drug: 2 32	
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	Ple Name (Last First M	-	erator/non-n	notorist and all occu	pants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag E	iode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate	or/Non-Mo	otorist		See Above			X	1	1 .	4 0	0	10	1		
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	I							1			- 1	ŀ	1 1			

= Direction 1	= Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	Ø = Bicycle	
Crash Diagram: ie: -] →[2	- Ŷ -	→ №	
	CI	nurch St		on a	rash <u>Did Not</u> Occur Public Way:
				G	arage
	nt 10 000	V 2		□м	all/Shopping Center
V1 (□□□) ⇒ ≤		- 		□ 00	ther Private Way
Ф Main St ➪	Burli	ngton Ave	\triangleleft	Ind	licate North by Arrow
	l I				
Crash Narrative:		1 1 1 1			
V1 was traveling SB on Main St as					
St. As V1 approached the Opr had a was traveling NB on Main St and approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached the Opr had a straveling NB on Main St and Approached NB on Main S					
left to travel WB on Burlington A					
light which was a yellow flashing					
left turn light, he turned and was					
stayed on scene and awaited EMS re					
treatment offered to them. V2 was					
and V1 was able to drive away from					
Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
D 1 D					
Property Damage: Owner (Last, First, Middle) Address		Phone #	41-Type Des	cription of Damaged	Property
Autres		T none #	41-Type Des	cription of Damaged	Froperty
Truck and Bus Information: Registration #		/m	ACAD STREET		
Rogistration ii		(From Vehi	cle Section)		42
Carrier Name					Bus Use
		_ City		St	
					Zip
Address		_ City Issuing State 45			Zip

Patrol Officer Michael E Johnson

Material 1 digit #

Wilmington Police Department

09/29/2020

Police Officer Name (Please Print)

Hazmat Information:

Placard

Signature

Material Name

199 ID/Badge #

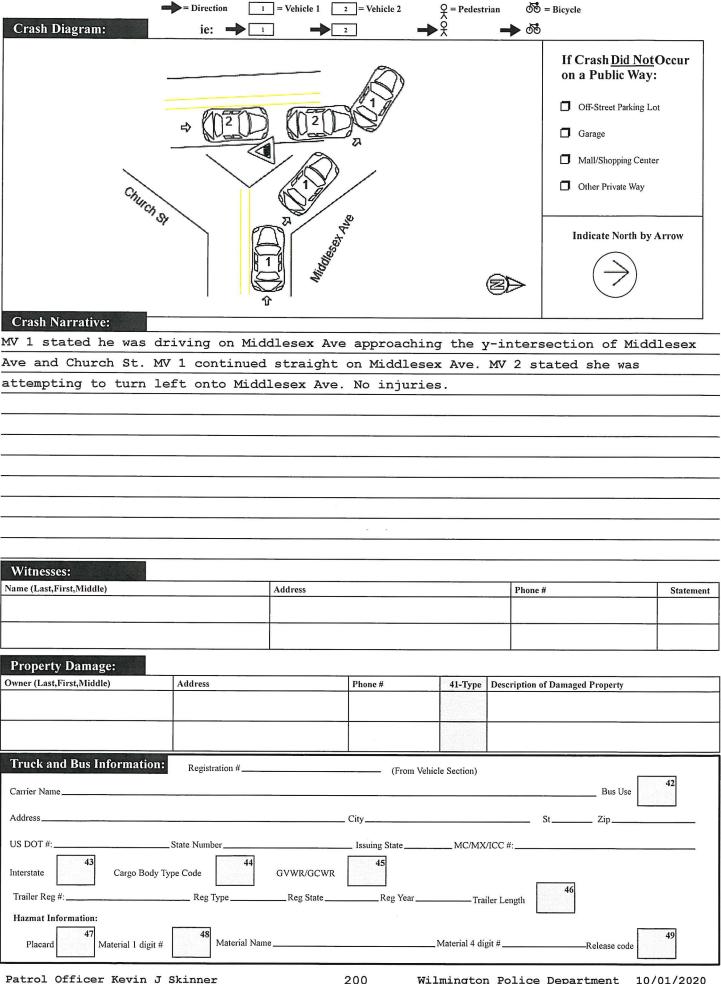
Department Precinct/Barracks

Material 4 digit #

Date

-Release code

	Pol	ice Use Only		common'	wealth	of Massa	ach	uset	ts			RM	V Doci	ument N	umber		
	Date of Crash	Time of Crash	City/Town	Mo	tor Veh	icle Cra	sh	Numl		المحمدا	•	Limit	30	Local	Police Police		
	10/01/2020	1307 W	ilmingtor	a	Police	Report		2	0	juicu	Latitue Longit			MBT. Camp Other	ous Police	8	
		AT INTERSE	CTION:	<			>			ТАТ			SEC	TION		\dashv	
						- * * O . \					2.11		<u> </u>	11011	•	٦,	10
			ESEX AVE													_ 2	
¹ 1	Route# Direc	ction	Name of Roa	adway/Street At		Route# Direc	tion	Address	#		Na	me of	Roadw	vay/Stree	t		
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² 1	Route# Direc	etion	Name of Intersection	ng Roadway/Stree	t	Feet	NS	E W of	,				-				
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3	Please Select C of the Followin		1#Occupants	Hit/Run	Moped	Crash R	Report 1	1D# 2	0-2	209	9	AC	•			ı	
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⁴ 5		ROSIAN, Jo Last LIFF ST	First	Middle		er TOROSI	Last		ם אה	First	بندع		Mi	iddle			
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	•	any LM GENE		RANCE COL	MP Vehic	cle Action Prior to		1	22				Code:	6 27	27 2		
⁵ 1	Vehicle Travel D	Pirection: N S E	Responding	to Emergency? 2	Even	t Sequence 1	23	23 23	23		st Stat			29			
1	Citation # (If Iss	ued)			Most	Harmful Event	1	24		•	pe of T	rest: st Resu	ılt.	30			
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	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/	'Sub	Drive	er Distracted by	0	26	1			om sc		2 33	° E	- -	
⁶ 1		Please fill out for o	operator and all occu	pants involved				34 Seat Sa	35 36 fety Airbas	37 Eject	38 Trap	39 Injury	40 Transp.			7	
	Name (Last First M		1	Address		DOB/Age	Sex	Pos. Sy	stem Status	Code	Code	Status	Code	Mee	dical Facility	-	
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⁷ 4	of the Followin		L #Occupants	Non-Motoris	t A Type	Action	L	ocation		Condit	ion		-	Hit/Run	Мор	ed	
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	Sex F Lic. C	19 19 L	ic. Restrictions 1	20 CDL	Veh `	Year 2015	v	eh Make	TOY	ATC			Veh	Config.	1 21		
	Operator MI	ELE, SHER	YL A	Endorseme		er MIELE,	SH	ERYI	A						L	.	
⁸ 1	Address 16	Last DORCHESTE	R ST	Middle		ess 16 DOF	Last		1	irst			Mi	ddle			
	City WILMI	NGTON	State MA Zip 0	1887-220	7 City	WILMING'	TON			Stat	e M Z	A z	in 0 1	1887	-220	7 1	14
		my THE COM	ÆRCE INS	URANCE (ele Action Prior to		4	22				Code:		27 2	¬ L	
	Vehicle Travel D		_	to Emergency? 2				23 23	23		st Stati			1 28	<u>!</u>	-	
				to Enlergency:		· Ŀ	<u> </u>	24	L	Ty	pe of T	Гest:		29			
⁹ 2		.ed)				Harmful Event	1		2		AC Tes	t Resu	lt:	1 30		_	
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	Ple: Name (Last First Mi	ase fill out for operato	r/non-motorist and a	all occupants invol Address	ved	DOB/Age	Sex	Seat Sa	fety Airbag tem Status		38 Trap Code	39 Injury Status	40 Transp. Code	Med	dical Facility		
		or/Non-Motor	rist	See Above			X	1 1	4	1			1				
	4								_							\dashv	
									_							_	



= Vehicle 1

Wilmington Police Department

10/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

	Police Use Only	Com	nonwealth	of Massa	ichus	setts	3		RM	IV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cra	sh [Number Vehicles			eed Limi	t2	5 State Police Local Police	08000
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	AT INTERSECT	ΓΙΟΝ:			>						Other:	
							110				110111	10
	HORSESH											2
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direct	ion Ad	dress #			Name o	f Roady	vay/Street	
	WEST ST			Feet	NSE	v of			• —	- or .		_
		ame of Intersecting Roady	/ay/Street				M	ile Marke	er		Exit Number	2 11
		Also at Intersection w	ith	Feet	NSE	V of	Route	<u> </u>	Inters	secting	Roadway/Street	- [
² 1	Route# Direction N	ame of Intersecting Roadw	tav/Street	Feet	N S E V	V of		···	inci	,coming	rtoudwayrbireet	
1		ane of merseeing ready	/ay/onect						L	andmar	k	
3	Please Select One of the Following:	#Occupants	Run Moped	Crash R	eport ID#	20	-2	10	-A(2		
	License # S61841518 St J	MA DORU						-			1/3	
	10 10	20		# 5642YK							21	- 1 12
		E1	ndorsement	Year 2003				CSWA	GEN	Vel	n Config.	
⁴ 1	Operator PEFINE, YVONI	First	Middle	er PEFINE	ast		F	irst		M	fiddle	-
1	Address 2232 HORSESHO	E LN APT 2	. Addr	ess 2232 H	ORSE	SHO	E L	N F	PT	232		-
	City WILMINGTON Sta	ite MA Zip 01887	7-2297 City.	WILMING	CON			State .	MA_	Zip 0	1887-2297	Z.
	Insurance Company PLYMOUTH	ROCK ASSURA	NCE C Vehic	cle Action Prior to	Crash	1	22	Dam	aged Are	a Code:	2 27 3 27 4 27	7
5	Vehicle Travel Direction: N K E W	Responding to Emerg	gency? 2 Even	t Sequence 1	23 23	23	23		Status:		1 28	
٦	Citation # (If Issued)	-	Most	Harmful Event	1 24	I			of Test:		29	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	er Contributing Cod	de 18	25	25	l	Test Res		1 30	1 13
	Viol. 3: Ch/Sec/Sub			_	7 26				Alcoholed	•	Susp. Drug: 2 32	
⁶ 2		rator and all occupants inv		J. Distracted by	34	35	36	37	38 39	40	2	
L	Name (Last First Middle)	The same of the sa	Address	DOB/Age	Sex Pos	t Safety	Airbag	Eject T	rap Injury ode Status	Transp.	Medical Facility	
	Operator	Se	ee Above	><	$X _1$	99	4	0 0	10	1		
										1		
						-				-		_
										_		
⁷ 2	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action	16 Loca	tion	17	Condition	18		Hit/Run Mope	ed
	License # S26580421 St N	1A DOB/Age	D	GRX70				з Туре _Е	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	eg State MA	\dashv
	19 19	20		Year 2014							21	
		En	dorsement							Veh	Config. 1	
⁸ 2	Last	DBERT M SR	Middle	er DILOREI	ast	ROE	E.R.	rst	SR	М	iddle	
	Address 35 WOOD ST			ess 35 WOO								14
		te MA Zip 01801	, -	E WOBURN	1					-	1801-3709	2 1
	Insurance Company THE COMME	RCE INSURAN	ICE CO Vehic	ele Action Prior to	Crash	1	22		iged Area	a Code:]
	Vehicle Travel Direction: NSWW	Responding to Emerg	ency? 2 Even	t Sequence 1 2	23 23	23	23		Status:		28	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 ²⁴			••	of Test: Test Res	nlt:	30	
2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le 1	25	25		Alcohol		<u> </u>	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26				d from se		2 33	1
	Please fill out for operator/no	on-motorist and all occupa	nts involved		34 Sea	35 Safety	36 Airbag	37 3 Eject Tr	8 39 rap Injury	40 Transp		7
	Name (Last First Middle)		Address	DOB/Age	Sex Pos	System	Status	Code Co	ode Status		Medical Facility	_
	Operator/Non-Motoris	Se Se	e Above		X^1	99	4	0 0	10	1		
						+			-			

			2 = Vehicle 2	Q = Pedestr		Bicycle	
Crash Diagram:	ie: 🖚 🔟	→	2	→ }	→ ₩		
*	h.					If Crash <u>Did Not</u> on a Public Way	
	C.C.					Off-Street Parking L	ot
	West.	S.				☐ Garage	
,							
						■ Mall/Shopping Center	er
		Veh 2	⋋ 🗫 ∨	eh 1		Other Private Way	
		`				Indicate North by	Arrow
		eli	D Chest	S.		\bigcirc	
Crash Narrative:							
Vehicle 1 was exiting	g Burlington	Self Stora	age onto We	est Stree	t. Vehi	cle 2 was trav	zeling
East on West street		T-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M					
sun affected her fie	ld of vision.						
			-				
			_				
			-				
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Traine (Lasty Hist, Wildle)		Address			Filone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
,							
4							
Truck and Bus Information:							
	Registration #		(From V	/ehicle Section)		200	42
Carrier Name						Bus Use	
Address			_ City		S	Zip	
US DOT #:	_State Number		Issuing State	MC/MX	ICC #:		
Interstate 43 Cargo Body T	Syne Code	GVWR/GCWR	45				
			D V		St	46	
Trailer Reg #:	Reg Type	Keg State	Keg Year_	———Trai	Ier Length		
Placard Material 1 digit #	48 Material Nan	ne		Material 4 dig	it #	Release code	49
Patrol Officer Rafael	G Cruz		100 -	Wilminata-	Police	Denartment 10	/02/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

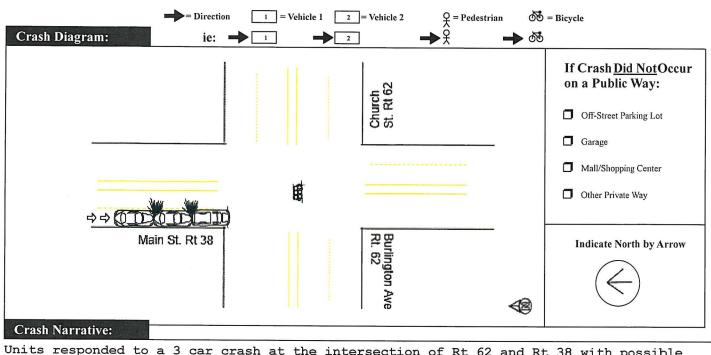
Department Precinct/Barracks Date

	Police Use Only	Comm	onwealth o	ot Wiassa	chu	isett	S			RMV	/ Docu	ument Number	-
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh	Numbe			Speed	Limit_	30	State Police Local Police	
	10/02/2020 2018 Wilm	ington	Police 1	Report		Vehicle 2	s linji O		_atitud _ongitu			Campus Police	3
	AT INTERSECTI	ON:	< LOCA		, T					-	SEC	Other:	
					<u></u>		110	1 /11	1111			TROIT.	10
						212	M	AIN	ST	•			2
¹ 4	Route# Direction	Name of Roadway/Stree	t	Route# Directi	on A	Address #			Nan	ne of I	Roadw	/ay/Street	
4		At		Feet []	N S E	w of			- •		or		
	Route# Direction Nam	e of Intersecting Roadway	/Street					ile Mar				Exit Number	0 11
		Also at Intersection with	l	Feet	N S E	w of						- 15	_ 3
<u> </u>	,			Feet	N S E	wof	Rout	e#	I	nterse	cting R	Roadway/Street	
² 2	Route# Direction Nam	e of Intersecting Roadway	/Street							Lar	ıdmark	· · · · · · · · · · · · · · · · · · ·	-
	Please Select One Vehicle 11	#Occupants Hit/Ru	n Moped	Crash Re	mort I	o# 2 (1-2	1 1		<u> </u>)		
3													
L		DOB/Age	Reg #	8JB777			Re	g Type.	PC		Re		12
	Sex M Lic. Class D 19 Lic. Re	estrictions 1 20 CDL	Veh Y	ear <u>2006</u>	Ve	h Make_	VOL	KSW2	AGE	N	_ Veh	Config. 21	1
	Operator PERROTTI, ANTI	IONY J		PERROT	ΓI,	ANT	HON	YЈ					_
⁴ 1	Address 9 OAKWOOD RD	First 1		ess 9 OAKW		RD	F	irst			Mie	ddle	
L	City WILMINGTON State	MA Zin 01887-	1736 City 1	WILMINGT	ON			State	. MA	. 7	in 01	1887-1736	-
	Insurance Company GEICO GENE	-				-	22				Code:		, I
				le Action Prior to (3 23	23		t Statu		0000.	28]
5	Vehicle Travel Direction: SEW	Responding to Emerger	ncy? 2 Event	Sequence 1	<u> </u>	4	43		e of T			29	
L	Citation # (If Issued)	_	Most	Harmful Event	1	24			.C Test		lt:	30	
	Viol. 1: Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le 1	L 25	25	Sus	p. Alc	ohol:	31	Susp. Drug: 32	1 13
6	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 2	26		Tov	ved fro	om sce	ene?	2 33	'
⁶ 1	Please fill out for operat	or and all occupants invol	ved		T	34 35 Seat Safet	36 Airhag	37 Eject	38 Trap	39 Injury	40 Transp.		┥
	Name (Last First Middle)		ldress	DOB/Age	Sex	Pos. Syste		Code	Code	Status	Code	Medical Facility	
	Operator	See A	Above		Δ	1 1	4	0	0	10	1		
													-
					<u> </u>		<u></u>						
⁷ 1	Please Select One of the Following:	#Occupants Non-M	lotorist A Type	Action	16 Lo	cation	17	Conditio	on .	18		Hit/Run 🔲 Mope	ed .
	License # 9360172 St ME	DOB/Age	P. o. #	MARCY		<u> </u>		- T	PC			eg State ME	
	10 10	20	_									21	-
	<u> </u>		orsement	ear 2015				> EATIA			_ Veh	Config.	ļ
⁸ 1	Operator COLLINS, MARCY	First N	diddle .	er COLLINS	ısı			irst			Mic	ddle	-
	Address 63 BONNEY RD		Addre	ess 63 BON	NEY	RD							- 141
	City CANTON State	ME Zip 04221	City _	CANTON								1221	_ 1 14
	Insurance Company LM GENERAL	INSURANCE	Vehic	le Action Prior to (Crash	3	22	Dar	naged	Area	Code:]
	Vehicle Travel Direction: SEW	Responding to Emergen	cy? 2 Event	Sequence 1 2	3 2	3 23	23	Tes	t Statu	ıs:		28	į
0	Citation # (If Issued)	_	Most	Hamful Event	1 2	24		• • •	e of To			29	į
⁹ 2	Viol. 1: Ch/Sec/Sub ————— Vi	ial 3. Ch/Saa/Sub	Drive	ا r Contributing Cod		.9 ²⁵	25	l	C Test	г		30	,
				Ī		26		•	p. Alco	L	31	32	<u> </u>
	Viol. 3: Ch/Sec/Sub Vi			r Distracted by	33	34 35	36	Tov 37	ved fro	om sce	ne?	2 33	
	Please fill out for operator/non- Name (Last First Middle)	•	s involved dress	DOB/Age		Seat Safet Pos. System	Airbag	Eject	Trap	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	See	Above		X	1 1	4	0	0	10	1		
					+		-	\vdash					-
							<u> </u>						

Crash Diagram:		1 = Vehicle 1 2 =	Vehicle 2	Pedestrian	ØØ = Bicycle → ØØ	
			Main Stree	t	i i	n <u>Did Not</u> Occur blic Way:
					☐ Off-Stre	eet Parking Lot
√2 v2					☐ Garage	
						nopping Center
v1	100 Marie Contract Co					
					Other P	Trivate Way
					Indicate	e North by Arrow
				_	Indicato	Allow
		212 Mair Street			> (-	\rightarrow)
Crash Narrative:						
The Driver of V1 wa						
	ted that V2,					
	f V2 stated th					
Mcdonalds, and deci						
urning right and p	ulled in front	t and into th	e side of	his car,	causing the	accident.
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address	Ph	one #	41-Type Des	cription of Damaged Prop	artı
			0110 11	41-Type Des	Cription of Damaged 1 10p	ierry
Truck and Bus Informatio	Registration #		(From Vehic	le Section)		
Carrier Name			,		В	us Use 42
Address		City			St 7iv	
US DOT #:	State Number	Is.	suing State	MC/MX/ICC	#:	
	y Type Code	GVWR/GCWR				
Trailer Reg #:	Reg Type	Reg State	Reg Year	——Trailer L	ength 46	
Hazmat Information:					<u></u>	
Placard Material 1 digit	# 48 Material Na	ine		Material 4 digit #_	Relea	se code 49
Patrol Officer Brian D	Thornton	4.04			-1: :	-1 10/00/222
olice Officer Name (Please Print)	Signature	190 ID/Ba		mington Pe	Dice Department Precinct/Barracks	nt 10/02/2020 Date

	Pol	ice Use Only		Com	monwe	alth	of Mass	ach	use	etts				RM	V Doc	ument N	lumber	1
	Date of Crash 10/03/2020	Time of Crash	1	City/Town ington	Motor	r Veh	icle Cra	ısh		ımber hicles		1	•	Limit	3.	Local	Police I Police A Police	
		24HR			Po	lice	Report		3		1	- 1	Latitu Longi	de tude			pus Police 🔲	
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO'	ΓΑΊ	`IN	ΓER	SEC	TION	:	
							38 S		433	a	M7	AIN	- Qr	r				2 10
¹ 1	Route# Dire	ction		Name of Roadway/	Street		Route# Direc	ction	Addr			*****			Roady	vay/Stree	t	_
т_				At			Feet	N S	EW	of					or .			
	Route# Direc	ction		of Intersecting Road							M	ile Ma	rker			Exit	Number	2 11
				Also at Intersection	with				EW		Route	e#		Interse	ecting	Roadway	/Street	F
² 1	Route# Direc	etion	Name	of Intersecting Road	dway/Street		Feet	NS	EW	of								.
	Please Select (a 1 1 #	Occupants Hi	·/B	Moped	Crash I		TD# *	20		1 /	<u> </u>		ndmar	'K		1
3	of the Followi	ug:			WKull		<u>J</u>											4
		19	19	DOB/Age			# 2LMV11										21	1 12
	Sex F Lic.	Class D LLIVAN.			CDL Endorsement		Year 2019								Vel	ı Config.		
⁴ 3	1	Last MAIN S	Fi	IST ACE	Middle		er <u>SULLIV</u> ess <u>151 M</u>	Last				RAC	<u>r</u> i		М	liddle		
		11-11-11-11-11-11-11-11-11-11-11-11-11-		<u>/A</u> Zip 0188	7-3509		ess <u>151 M</u> WILMING					G: -	_ M2		n	1007	-3509	
				TUAL INS		•	ele Action Prior to		Г	2	22				-	1 27 5		
	Vehicle Travel D		z - 1	Responding to Eme	_		Sequence	23	23	23	23		st Stat			1 28	<u>'</u>	
⁵ 1		ued)		responding to Line	ergency: —		Harmful Event	1	24			Ty	pe of	Test:		29		
	1	,		1. 2: Ch/Sec/Sub -			r Contributing Co	nde.	1	25	25			st Resu		1 30	32	1 13
	Viol. 3: Ch/Sec/S			1. 4: Ch/Sec/Sub =			r Distracted by	0	26					cohol: rom sc	2 31 ene?	Susp. 3	Drug: 2 32	1
1				and all occupants i					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Operate				Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Мо	dical Facility	-
	Operate	<i>/</i> 1			See Above				1	1	4	U	0	9	1			-
								ļ										
								ļ						<u> </u>				
																	<u> </u>	
⁷ 2	Please Select C of the Followin		e 2 1 #0	Occupants No	n-Motorist A	Туре	15 Action	16 I	Locatio	n	17	Conditi	on	18		Hit/Run	Moped Moped	
	License # S28	3428323	St.MA	_ DOB/Agc		Reg#	1GKA18				l Res	y Type	PC		R	eg State	MA	1
	Sex. M Lic. (Class D	Lic. Rest		CDL	_			Veh Ma	ke J						Config.	21	
2	Operator BL (ONIGEN,	GARY		Endorsement	Owne	r BLONIG		G2	ARY								
³ 1	Address 52	CUNNING	HAM S	T .	Middle	Addre	ss 52 CU	INI]	NGH	AM	ST	rst			Mi	iddle		
	City WILMI	NGTON	State M	IA Zip 0188	7-1365	City 1	WILMING	TON	<u> </u>			_ Stat	e M 7	z	ip 0 :	1887	-1365	1 14
	Insurance Compa	any SAFETY	Z INST	JRANCE CO	OMPANY	Vehic	le Action Prior to	Crash	[2	22				Code:		27 27	
	Vehicle Travel D	irection: N	EW	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23		st Stati			1 28		
2	Citation # (If Issu	ued)				Most	Harmful Event	1	24	,				t Resu	ılt:	1 30		
	Viol. 1: Ch/Sec/S	Sub	Viol	l. 2: Ch/Sec/Sub -		Drive	r Contributing Co	de	20	25	25	Sus	sp. Ale	ohol:	2 31	Susp. I	Drug: 2 32	
	Viol. 3: Ch/Sec/S			. 4: Ch/Sec/Sub -		Drive	r Distracted by	99	26			Tov	wed fr	om sc	ene?	2 33		
	Ple Name (Last First M	•	erator/non-m	otorist and all occup	pants involved Address		DOB/Age	Sex		35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mee	dical Facility	
	Operate	or/Non-Mo	torist		See Above		>	X	1	1	4	0	0	10	1			
																		1
																		1
																		1

	Police Use Only	Com	monwealth	of Massach	usetts	5	RN	1V Docu	ment Number	
	Date of Crash Time of Crash 10/03/2020 1150 Wij	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it35	State Police Local Police	
	24HR	lmington	Police	Report	3	1	Latitude Longitude_		MBTA Police Campus Police Other:	3
	AT INTERSECT	ΓΙΟΝ:	< LOCA	ATION >		NOT A	r intei			7
									***************************************	2 10
	Route# Direction	Name of Roadway/St	reet	38 S Route# Direction	433 Address #	MAIN		f Roadwa	w/Street	
11		At					Ivaille 0	1 KUauwa	ay/Sirect	_
				Feet N S	E W of	Mile Ma		- or	Exit Number	
	Route# Direction N	ame of Intersecting Roady Also at Intersection w		Feet N S	E W of	Wine Wi	II KOI		2.00	2 11
				Feet N S		Route#	Inter	secting R	oadway/Street	·
² 1	Route# Direction N	ame of Intersecting Roady	vay/Street	reet Mo	[2]** OI		7			_
	Please Select One Volveigle 3.2	#Occupants Hit/	Run Moped		20	21		andmark		┪
3	of the Ponowing:		Run Moped	Crash Report		-21	Z-A(ن		
	License # S25842017 St]		Reg	FF762		Reg Type	PC	Re		12
	Sex M Lic. Class D 19 Lic.		DL Veh '	Year 2012	Veh Make N	IISSAN		Veh (Config. 21	1
	Operator CECCHINI, RO	BERT F		er CECCHINI	, ROBE	ERT F				_
⁴ 3	Address 3 SUSAN TER	FBS		ess 3 SUSAN	TER	First		Mid	dle	_
*******	City WOBURN Sta	ate MA Zip 01801	2387 City	WOBURN		Sta	te MA	Zip 01	801-2387	_
	Insurance Company THE COMME	RCE INSURAN	ICE CO Vehic	ele Action Prior to Crash	2		amaged Are			, [
	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23 Te	est Status:	ا	L 28	
⁵ 1	Citation # (If Issued)			Hamful Event 1	24	T ₃	pe of Test:		29	
	Viol. 1: Ch/Sec/Sub			<u> </u>	1 25	25	AC Test Res		30	13
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		isp. Alcohol owed from s		Susp. Drug. 2 32	
⁶ 1		rator and all occupants inv		. Distracted by	34 35	36 37	38 39	40	2 1	_
	Name (Last First Middle)	T T T T T T T T T T T T T T T T T T T	Address	DOB/Age Sex	Scat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	
	Operator		ee Above	$>\!\!<\!\!\!\times\!\!\!\times$	1 1	4 0	0 10	1		
	NANCY CECCHINI	3 SUSAN TER WOBURN, MA 01801		10/19/1955 F	3 1	4 0	0 10	1		
										-
								+-+		-
	Please Select One Vehicle 4			15 16	L L	17	1 10			4
⁷ 2	of the Following:	#Occupants Non-	-Motorist A Type	Action I	Location	Condit	ion 18	н	it/Run 🔲 Mopec	i
	License #St	DOB/Age	Reg #			Reg Type		Reg	g State	_
	Sex Lic. Class 19 19 Lic.	Restrictions 20 CI	DL Veh Y	'ear\\	Veh Make			Veh C	Config. 21	
	Operator		dorsement Owne	er					-	_
1	Address	First	Middle Addre	Last		First		Midd	lle	
	CitySta	te Zip	City_			Sta	te	Zip		1 14
	Insurance Company			le Action Prior to Crash		1	amaged Area		27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	tency? Event	Sequence 23	23 23	23 Te	st Status:		28	
	Citation # (If Issued)			Harmful Event	24	— Ty	pe of Test:		29	
ິ2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sac/Sub		r Contributing Code	25	25	AC Test Res	- 1	30	
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		sp. Alcohol: wed from so	<u> </u>	Susp. Drug. 32	
	Please fill out for operator/no				34 35	36 37	38 39	40		4
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	_
	Operator/Non-Motoris	Se Se	e Above	$\times X$	1					
			-							
	The position of the same of th									1
								-		-
l		1								1



Units responded to a 3 car crash at the intersection of Rt 62 and Rt 38 with possible injury. Speaking with all operators, It was corroborated that Vehicle 1 and 2 were stoppe at the intersection (South bound on Main St) when the 3rd vehicle back rear ended the second vehicle. The momentum of the initial rea rending caused that vehicle to bump into the vehicle in front. Mr. Blogiden (3rd vehicle Operator) reported that as he was approaching the intersection, he saw the light turn green. He thought the cars infront of him were driving forward so he did not apply the breaks immediately. He looked away for a second and when he looked forward he rear ended the vehicle in front of him. Each vehicle sustained minor damage not requiring a tow. All operators were evaluated by the Wilmingto Fire Department and signed refusals.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
	2					
					,	
Truck and Bus Information: Carrier Name	Registration #		(1 tolli vei	nicle Section)	Bus Use	42
Address	-		City		St Zip	
US DOT #:S	State Number		_ Issuing State	MC/MX/I	CC #:	
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	er Length 46	
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name	·		_Material 4 digit	#Release code	49

Patrol Officer Scott Dunnett

202

Wilmington Police Department

10/03/2020

Department